



Network Access Request Form

Information Technology Services - Massachusetts Department Of Public Health

Please be advised that all network account requests need to be submitted a minimum of one week prior to user's start date.

Create a New Account

Modify Existing Account

User Name/s

Delete Existing Account

(If bulk modifying, please
separate with commas)

GENERAL INFO

First Name

M

Last Name

Start Date

Employment Status

End Date

*If NOT a State Employee.

Division

Supervisor

Site

Room / Cubicle

Phone #

SECURITY ACCESS

(Convenient) Please give user same rights as:

User Groups:

Add - Remove

Access to folders.

None - Read Only - Full

<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>

E-MAIL

User will not automatically receive an e-mail address, unless specifically requested in this section.

Email Account

Mailbox Size:

Distribution Lists

<input type="checkbox"/>	<input type="checkbox"/>

Add - Remove

<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL

The following may require additional forms
Please check all that are required

Desktop Computer
 Laptop / Notebook
 BlackBerry

VPN
 Mainframe Access
 UAID

Other

Additional Software:
(Photoshop, Visio, etc.)

<input type="checkbox"/>	<input type="checkbox"/>

Additional Applications:
(MMARS, Meditech, etc.)

<input type="checkbox"/>	<input type="checkbox"/>

Notes: (When requesting a user termination, please specify if and who should receive a copy of user's files)

Requested By:

Date

Approved By:

Date